

## Agency/Facility Information

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Date Received: 12/19/2016

Date Uploaded: 12/20/2016

Date of Report: 12/19/2016

Amended Date:

Version Type: ORIGINAL

Name of Agency/Facility: San Antonio Police  
Department

Street Address: 315 S. Santa Rosa

City: San Antonio

Zip Code: 78207

Agency Phone Number: 210-207-7875

Director Salutation: Chief

Director First Name: William

Director Middle Name: P.

Director Last Name: McManus

Name of Person Filling Out  
Form: Detective L. Carrion  
#2478

Email of Person Filling Out  
Form:

## Injured or Deceased Information

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1. What was the injured or  
deceased's gender?: Male

2. What was the injured or  
deceased's age at time of  
incident?: 24

3. What was the injured or  
deceased's race/ethnicity?  
(Mark only one): Hispanic or Latino

## Incident Details

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4. Date of Incident: 11/20/2016 5:34 AM

## 5. Location of Incident

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Street Address: 5814 Shadow Glen #4

City: San Antonio

State: TX

County: Bexar

Zip: 78238

6. Incident Resulted In: Death

7. Injured or Deceased Person:: Carried, exhibited, or used a deadly weapon

## Peace Officer Information

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PLEASE CLICK THE **ADD PEACE OFFICER** BUTTON TO ENTER INFORMATION ABOUT **EACH PEACE OFFICER INVOLVED**.

8. What was the peace officer's gender?	9. What was the peace officer's age at the time of the incident?	10. What was the peace officer's race/ethnicity? (Mark only one)	11. During the incident, peace officer was:
Male	35	Anglo or White	On Duty

## Response/Incident Result Information

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12. Peace Officer was responding to call or request with one or more officers:: Yes

13. Incident occurred during or as a result of a (hold down CTRL on your keyboard to select more than one value):: Hostage/Barricade/Other Emerg Situation

Specify type of call: